EVERGREEN HEALTH CARE CENTER, INC.

1250 EVERGREEN STREET

SHAWANO 54166 Phone: (715) 526-3107 Ownership: Corporation Operated from 1/1 To 12/31 Days of Operation: 365 Highest Level License: Skilled Operate in Conjunction with Hospital? Operate in Conjunction with CBRF? No Title 18 (Medicare) Certified? Number of Beds Set Up and Staffed (12/31/02): Total Licensed Bed Capacity (12/31/02): Title 19 (Medicaid) Certified? 86 Yes Number of Residents on 12/31/02: Average Daily Census:

Services Provided to Non-Residents	Age, Sex, and Primary Diagn	Length of Stay (12/31/02)					
Home Health Care Supp. Home Care-Personal Care	No No	Primary Diagnosis		Age Groups		Less Than 1 Year 1 - 4 Years	35.2 42.6
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	5.6	•	22.2
Day Services	Yes	Mental Illness (Org./Psy)	38.9	65 - 74	13.0	ĺ	
Respite Care	Yes	Mental Illness (Other)	3.7	75 - 84	31.5	I	100.0
Adult Day Care	Yes	Alcohol & Other Drug Abuse	0.0	85 - 94	33.3	*******	*****
Adult Day Health Care Yes		Para-, Quadra-, Hemiplegic	0.0	95 & Over	16.7	Full-Time Equivale	ent
Congregate Meals	No	Cancer	1.9			Nursing Staff per 100 R	Residents
Home Delivered Meals	No	Fractures	0.0		100.0	(12/31/02)	
Other Meals	No	Cardiovascular	9.3	65 & Over	94.4		
Transportation	No	Cerebrovascular	18.5			RNs	8.9
Referral Service	No	Diabetes		Sex	용	LPNs	16.9
Other Services	Yes	Respiratory	3.7			Nursing Assistants,	
Provide Day Programming for		Other Medical Conditions	22.2	Male	18.5	Aides, & Orderlies	52.8
Mentally Ill	No			Female	81.5		
Provide Day Programming for			100.0				
Developmentally Disabled	No				100.0	I	

Method of Reimbursement

		edicare			edicaid itle 19			Other			Private Pay	:		amily Care			anaged Care	! 		
Level of Care	No.	00	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	0/0	Per Diem (\$)	No.	90	Per Diem (\$)	No.	00	Per Diem (\$)	No.	olo	Per Diem (\$)	Total Resi- dents	Of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	6	100.0	286	31	88.6	101	0	0.0	0	13	100.0	152	0	0.0	0	0	0.0	0	50	92.6
Intermediate				3	8.6	85	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	3	5.6
Limited Care				1	2.9	73	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	1.9
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	6	100.0		35	100.0		0	0.0		13	100.0		0	0.0		0	0.0		54	100.0

EVERGREEN HEALTH CARE CENTER, INC.

********	*****	*******	******	*****	******	*****	******					
Admissions, Discharges, and		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/02										
Deaths During Reporting Period												
					% Needing		Total					
Percent Admissions from:		Activities of	%	As	sistance of	% Totally	Number of					
Private Home/No Home Health	8.0	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents					
Private Home/With Home Health	8.0	Bathing	0.0		87.0	13.0	54					
Other Nursing Homes	1.0	Dressing	20.4		68.5	11.1	54					
Acute Care Hospitals	82.0	Transferring	40.7		38.9	20.4	54					
Psych. HospMR/DD Facilities	0.0	Toilet Use	33.3		50.0	16.7	54					
Rehabilitation Hospitals	0.0	Eating	63.0		27.8	9.3	54					
Other Locations	1.0	*******	*****	*****	*****	******	******					
Total Number of Admissions	100	Continence		용	Special Treatme	nts	9					
Percent Discharges To:		Indwelling Or Extern	nal Catheter	1.9	Receiving Res	piratory Care	7.4					
Private Home/No Home Health	28.9	Occ/Freq. Incontinen	nt of Bladder	53.7	Receiving Tra	cheostomy Care	0.0					
Private Home/With Home Health	14.4	Occ/Freq. Incontinen	nt of Bowel	31.5	Receiving Suc	tioning	0.0					
Other Nursing Homes	6.2				Receiving Ost	omy Care	1.9					
Acute Care Hospitals	17.5	Mobility			Receiving Tub	e Feeding	3.7					
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed	11.1	Receiving Mec	hanically Altered Diet	cs 7.4					
Rehabilitation Hospitals	1.0				_	_						
Other Locations	5.2	Skin Care			Other Resident	Characteristics						
Deaths	26.8	With Pressure Sores		3.7	Have Advance	Directives	100.0					
Total Number of Discharges		With Rashes		0.0	Medications							
(Including Deaths)	97	I			Receiving Psy	choactive Drugs	48.1					

Selected Statistics: This Facility Compared to All Similar Rural Area Facilities & Compared to All Facilities

		Ownership:			Size:	Lic	ensure:				
	This	1 1		50	-99	Ski	lled	Al	l		
	Facility			Peer	Group	Peer Group		Facilities			
	90	୧	Ratio	ଚ	Ratio	양	Ratio	ଚ	Ratio		
Occupancy Rate: Average Daily Census/Licensed Beds	65.7	80.0	0.82	83.5	0.79	83.3	0.79	85.1	0.77		
Current Residents from In-County	74.1	73.3	1.01	72.9	1.02	75.8	0.98	76.6	0.97		
Admissions from In-County, Still Residing	14.0	19.2	0.73	22.2	0.63	22.0	0.64	20.3	0.69		
Admissions/Average Daily Census	172.4	136.0	1.27	110.2	1.56	118.1	1.46	133.4	1.29		
Discharges/Average Daily Census	167.2	138.5	1.21	112.5	1.49	120.6	1.39	135.3	1.24		
Discharges To Private Residence/Average Daily Census	72.4	59.1	1.22	44.5	1.63	49.9	1.45	56.6	1.28		
Residents Receiving Skilled Care	92.6	93.4	0.99	93.5	0.99	93.5	0.99	86.3	1.07		
Residents Aged 65 and Older	94.4	95.9	0.98	93.5	1.01	93.8	1.01	87.7	1.08		
Title 19 (Medicaid) Funded Residents	64.8	73.2	0.88	67.1	0.97	70.5	0.92	67.5	0.96		
Private Pay Funded Residents	24.1	16.8	1.43	21.5	1.12	19.3	1.25	21.0	1.14		
Developmentally Disabled Residents	0.0	0.9	0.00	0.7	0.00	0.7	0.00	7.1	0.00		
Mentally Ill Residents	42.6	33.7	1.27	39.0	1.09	37.7	1.13	33.3	1.28		
General Medical Service Residents	22.2	19.3	1.15	17.6	1.26	18.1	1.23	20.5	1.08		
Impaired ADL (Mean)	42.2	46.1	0.92	46.9	0.90	47.5	0.89	49.3	0.86		
Psychological Problems	48.1	51.2	0.94	54.6	0.88	52.9	0.91	54.0	0.89		
Nursing Care Required (Mean)	3.0	7.2	0.42	6.8	0.45	6.8	0.44	7.2	0.42		